

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
04/691,406

APPLICANT(S)

FILING DATE  
10-17-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	26	↓	↓	↓	↓	↓
TOTAL CLAIMS	28	↓	↓	↓	↓	↓

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100			
TOTAL IND.		↓	
TOTAL DEP.		↓	
TOTAL		↓	